

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09492763		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2	1						52				
3	1						53				
4	1						54				
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44	1						94				
45	1						95				
46	1						96				
47	1						97				
48	1						98				
49	1						99				
50	1						100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	54						TOTAL DEP.				
TOTAL CLAIMS	60						TOTAL CLAIMS				